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APIXABAN REDUCES HOSPITALIZATIONS IN PATIENTS WITH VTE: AN ANALYSIS OF THE AMPLIFY TRIAL

Oral Contributions
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Background: The Apixaban for the Initial Management of Pulmonary Embolism and Deep-Vein Thrombosis as First-Line Therapy (AMPLIFY) trial was a randomized, double-blind study of a fixed-dose regimen of apixaban versus conventional therapy (enoxaparin/warfarin) for 6 months in patients with acute venous thromboembolism (VTE). The AMPLIFY trial demonstrated that apixaban was noninferior to conventional therapy in preventing recurrent symptomatic VTE or death related to VTE and was associated with significantly less major bleeding and clinically relevant non-major bleeding. This analysis evaluated the effects of apixaban versus conventional therapy on all-cause hospitalizations during the AMPLIFY trial.

Methods: A total of 5,365 patients (2,676 received apixaban and 2,689 received conventional therapy) were included in the analysis. All-cause hospitalizations during the treatment period after the index event were captured using dedicated case report forms. Outcomes of interest were rates of all-cause hospitalizations and time from randomization to the first hospitalization. Patients were censored at either death, loss to follow-up, or end of study, whichever came first. Cox proportional hazards regression models were used to examine the effects of treatment.

Results: During the treatment period after the index event, 343 patients were hospitalized at least once, 190 (13.8%/year) in the conventional therapy group, 153 (11.1%/year) in the apixaban group. Compared with conventional therapy, apixaban was associated with a significant reduction in all-cause hospitalizations [hazard ratio (HR) 0.807, 95% confidence interval (CI) 0.652-0.998; p=0.048]. The rates of all-cause hospitalizations within the first 30 days after the index event were 2.3% in the apixaban group and 3.4% in the conventional therapy group (HR 0.679, 95%CI 0.490-0.939; p=0.019).The median time to first hospitalization was 34.5 days in the conventional therapy group compared with 63.0 days in the apixaban group.

Conclusions: Compared with enoxaparin/warfarin, a fixed-dose regimen of apixaban alone for the treatment of acute venous thromboembolism significantly reduced all-cause hospitalizations.